MAPS Online

User's Guide

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1   MAPS Online – User's Guide

1.1   Required Equipment

The MAPS Online program can be accessed using a Windows-based PC equipped with Microsoft Internet Explorer version 5.5, or higher. *If you have an older version of the Internet Explorer browser, follow the instructions below to update it.*

To obtain a supported version of Internet Explorer:

- Go to www.microsoft.com
- Under the heading: *Product Resources,* select *Downloads*
- Under the heading: *Internet,* select:

  Internet Explorer 6 Service Pack 1 for Windows Operating System versions **other than XP.**

  OR, Internet Explorer 6 Service Pack 2 for the XP Windows Operating System.

1.2 Guide Overview

This guide provides instructions on how to register and log into the MAPS Online program, request a patient report from the Department of Community Health and view that report at the Department's website. Registration in this system is limited to holders of **active** licenses in the State of Michigan. Those license types include:

- Medical Doctor

- Educational Limited Medical Doctor

- Dentist

- Osteopathic Physician

- Osteopathic Educational Limited

- Pharmacist

- Pharmacy (along with a licensed Pharmacist)

- Podiatrist

- Veterinarian

- CS-Pharmacist (along with a licensed Pharmacy)

- Controlled Substance-1

- Controlled Substance-Facility (along with a licensed Pharmacist)

- Controlled Substance-2

- Controlled Substance-3

1.3   Glossary of Terms

For the purposes of this document, the following terms are defined below:

Requester – A Practitioner, Pharmacy or Pharmacist registered in the MAPS Online system to request patient reports based on data in the Michigan Automated Prescription System.

2   Registration

2.1   Registration Screens

To use the Online MAPS report request process, you must first register. To do this, go to https://www3.cis.state.mi.us/maps/ and supply the requested information. The first screen presented will contain a statement outlining who is authorized to register. Read the statement carefully. To exit the system, click on '***Close***', to proceed, click on '***I accept'***.

Once you have accepted the conditions of use, the ***Verification Screen*** will appear.   Complete the appropriate section for your license type.

- All fields are required.

- Enter all ten digits of your license number

- When you have completed the form, click on the *submit* button.

After you have submitted your registration form, you will be presented with a screen similar to the one below:

If the information that is automatically populated on this screen is not correct, it cannot be changed here. If you need to change any of that information, do so at this web address for the Michigan Department of Community Health, Bureau of Health Professions: http//www.michigan.gov/documents/cis_fhs_bhser_datachangeform_hld_003_59253_7.pdf.

- Enter your current phone, FAX and email address. **Note: entering your contact information here will not change it with the Bureau of Health Professions. To change it on your license information, go to the website listed above.**
- Click on *submit*.

Next, you will be prompted to select a user ID and password to use on this website.

- Enter a Login ID of your choice. It can be up to 20 characters – any alpha/numeric combination.

- Enter a Password of your choice. It can be up to 50 characters, but must be at least 6 characters - any alpha/numeric combination.

- After you have re-entered your password, click on the *submit* button.

3 Login

3.1 Login Screens

Once you have registered (see section 2.1) and created a Login ID, use that ID to login to the MAPS Online program to request patient reports.

If you forget your login or password, you will be required to register again and create a new Login ID and Password.

After a successful login, you will be presented with the following menu.
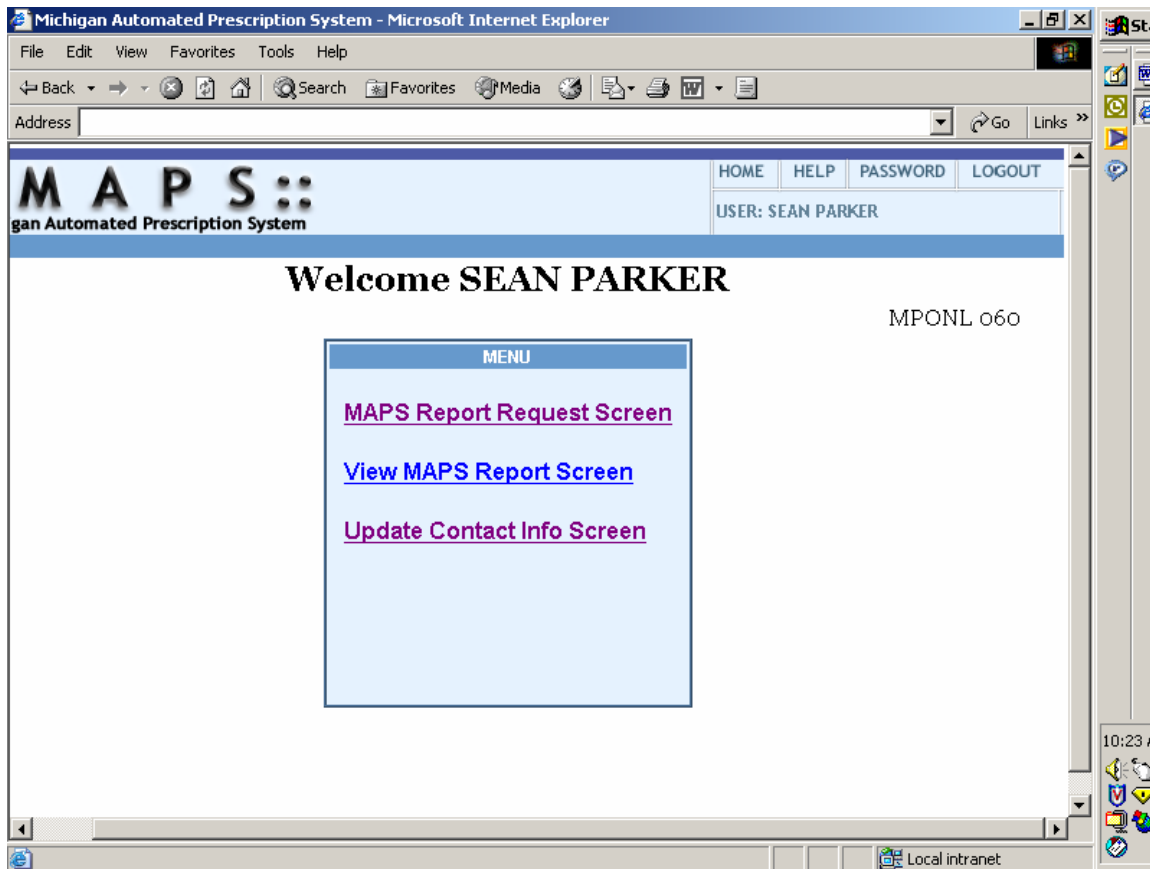
To request a patient report, select the **MAPS Report Request Screen** link.

4   Request Patient Reports

4.1   Request Screens

- Complete the **Submission Screen**. Fields followed by an asterisk are required fields.

- The program will not accept a date prior to 1/1/03 in the 'From' field of the R*eport Period Requested* row.

Submission Screen

Please complete this form as completely as possible. **Those fields marked with an asterisk are required. Remember; provide as much information as you are able to get the best possible search results.**

Patient's First Name:	[_____] *	**Patient's Middle Initial:** [__]	**Patient's Last Name:**	[_____] *
Address:	[_____] *			
City:	[_____] *	**State:** [__] *	**Zip:**	[____] *
Date of Birth:	[_____] *			
SSN (if available):	[__]-[__]-[__]			
DL# (if available):	[_]-[_]-[_]-[_]-[_]			
State ID (if available):	[_]-[_]-[_]-[_]			
Previous First Name:	[_____]	**Previous Middle Initial:** [__]	**Previous Last Name:**	[_____]
Previous Address:	[_____]			
Previous City:	[_____]	**Previous State:** [__]	**Previous Zip:**	[_____]
Report Period Requested From:	[____]	**Report Period Requested To:**	[____]	

NOTE: Dispensers are required to report MAPS data on or before the 15th of the month following the month the prescription was filled. EXAMPLE: A prescription filled on January 5th will not be reported to the MAPS program until February.

In the boxes below, check all reasons that apply to this request. If none apply, check the 'other/additional information' box and provide at least a 10 character description of the reason for your request. You may also use the 'other/additional information' box to elaborate on other reason selections.

☐ Reason 1   Patient requesting specific narcotics by name.

☐ Reason 2   Drug screen positive for medications not prescribed.

☐ Reason 3   Patient signed pain contract, verify narcotic usage.

☐ Reason 4   Patient taking more medication than prescribed, asking for early refills.

☐ Reason 5   Practitioner contacted by pharmacy indicating patient is getting prescriptions form multiple physicians/pharmacies.

☐ Reason 6   Patient claiming prescription was lost/stolen.

☐ Reason 7   Patient paying cash for prescriptions when they are insured.

☐ Reason 8   Patient exhibiting erratic behavior.

☐ Other/Additional information</TD< td>   [_____](50characters max)

[submit]

- When the form has been completed, click the *submit* button on the bottom of the page.

After submitting the request, you will be asked to certify that you will use the information in the report for proper and legal purposes.

- Click on the *I so certify* button to continue.
- If you click on the *Cancel* button, you will exit the program and a report will not be generated.

If you clicked on the _I so certify_ button on the previous screen, you will be presented with the notification on the following screen.
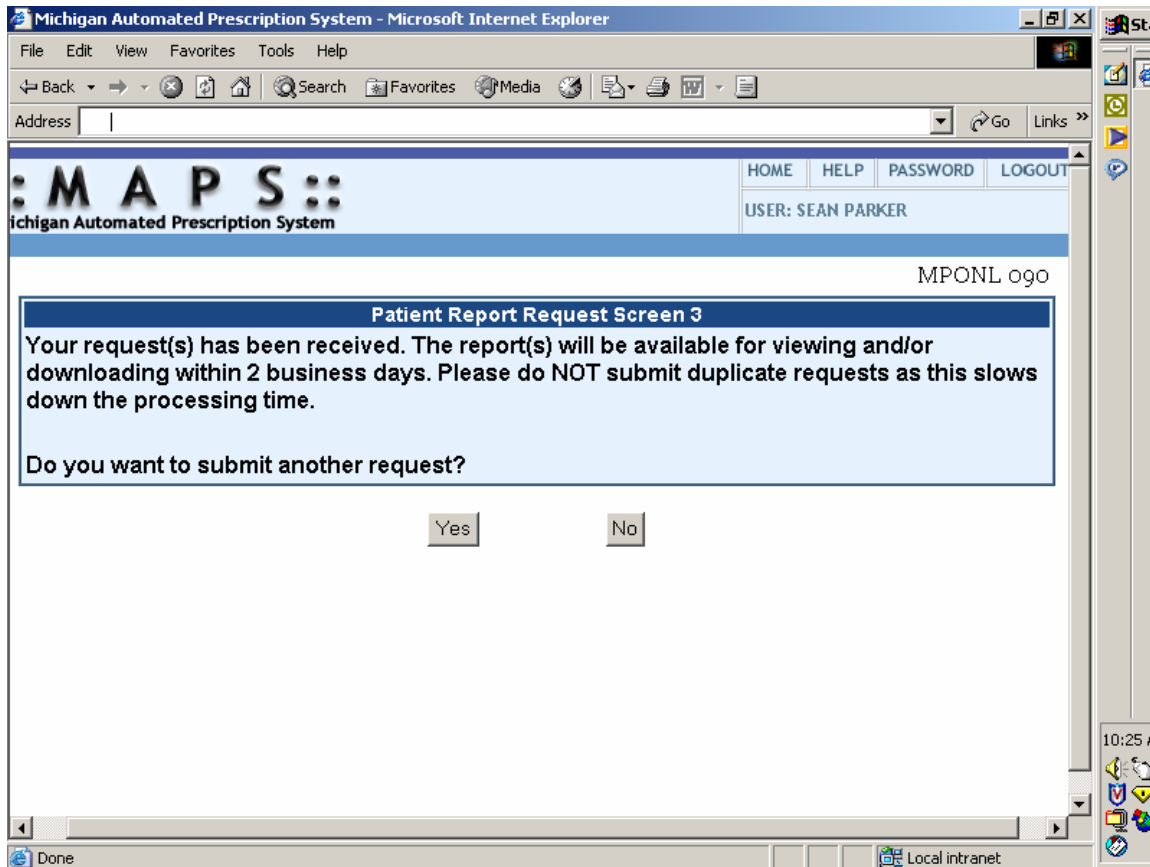
- If you do not want to submit another request, click on the _No_ button, and you will exit the program.

- If you want to submit another request, click on the _Yes_ button and you will be returned to the **Submission Screen. You will only be allowed to submit up to ten requests in a 24 hour period**.

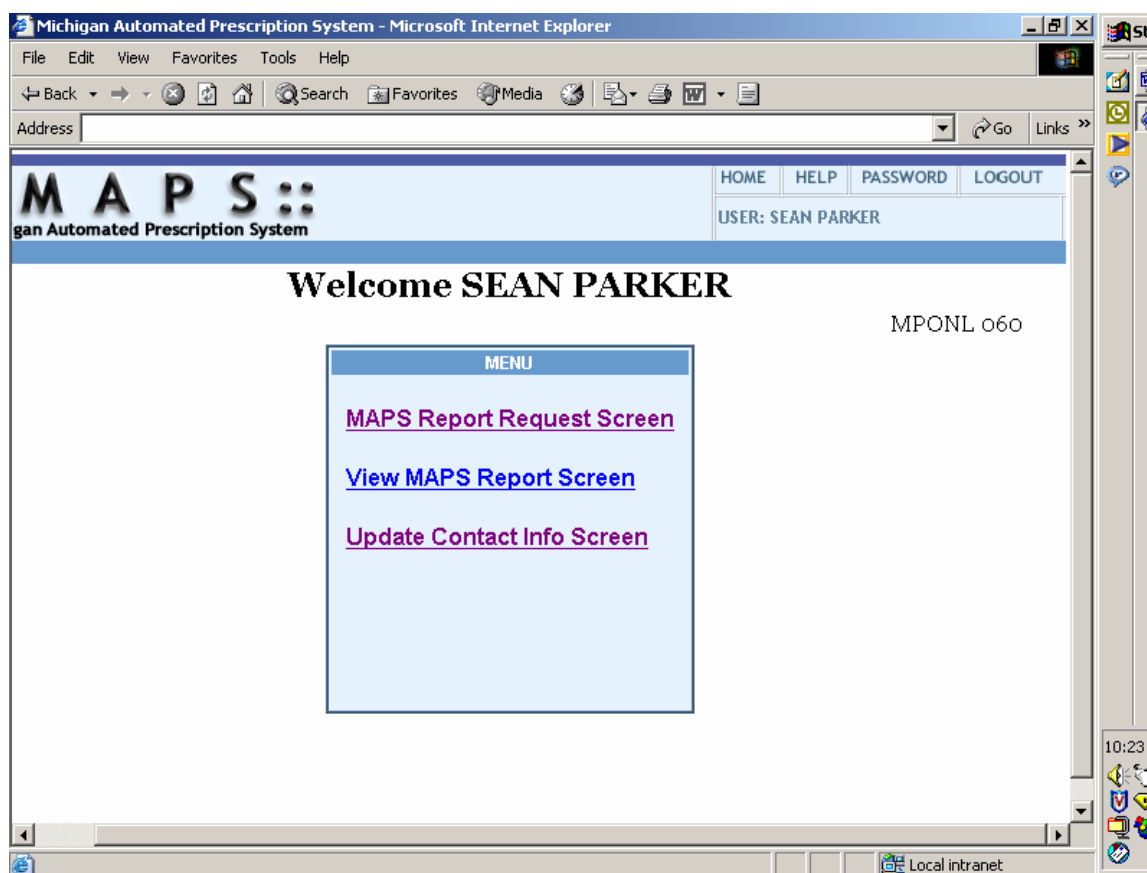# 5   View Patient Reports

5.1   View Patient Reports Screens

After submitting a request for a patient report, it can take up to two business days for that report to be available for viewing on the website.
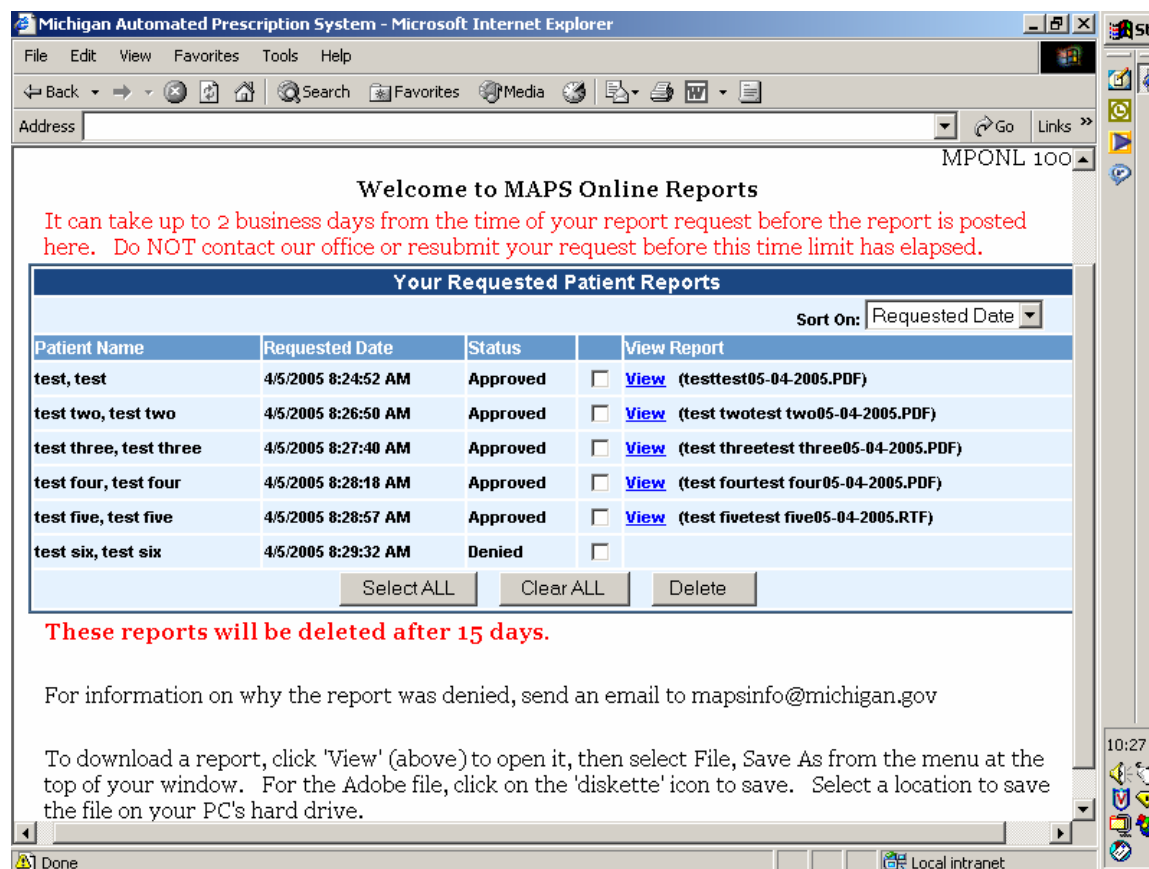
To view the requested report(s), log into the MAPS Online program as described in Section 3 of this Guide.

You will be presented with a menu screen:

Select the *View MAPS Report Screen* link.

You will then be presented with the MAPS Online Reports screen:

The reports will be displayed on this page for 15 days. If you want to remove them sooner, click on the checkbox on the patient row (or click on the *Select All* button) and click the *Delete* button.

The items on the screen can be sorted by *Patient Name* or *Requested Date.*

The **Status** column will display either 'Approved' or 'Denied'.

Reports can be denied at the discretion of the Department of Community Health. If you have questions about a denial, send an email to mapsinfo@michigan.gov.

Approved reports are available for viewing by clicking on the View link. You will then be presented with the requested report.

The report will be presented in a pdf format. This format is readable using the free Acrobat Reader available at www.adobe.com

You can save the report by clicking on **File, Save As** on your browser's menu bar; then save it to the location of your choice. If you want a printed copy, print it from the saved location.
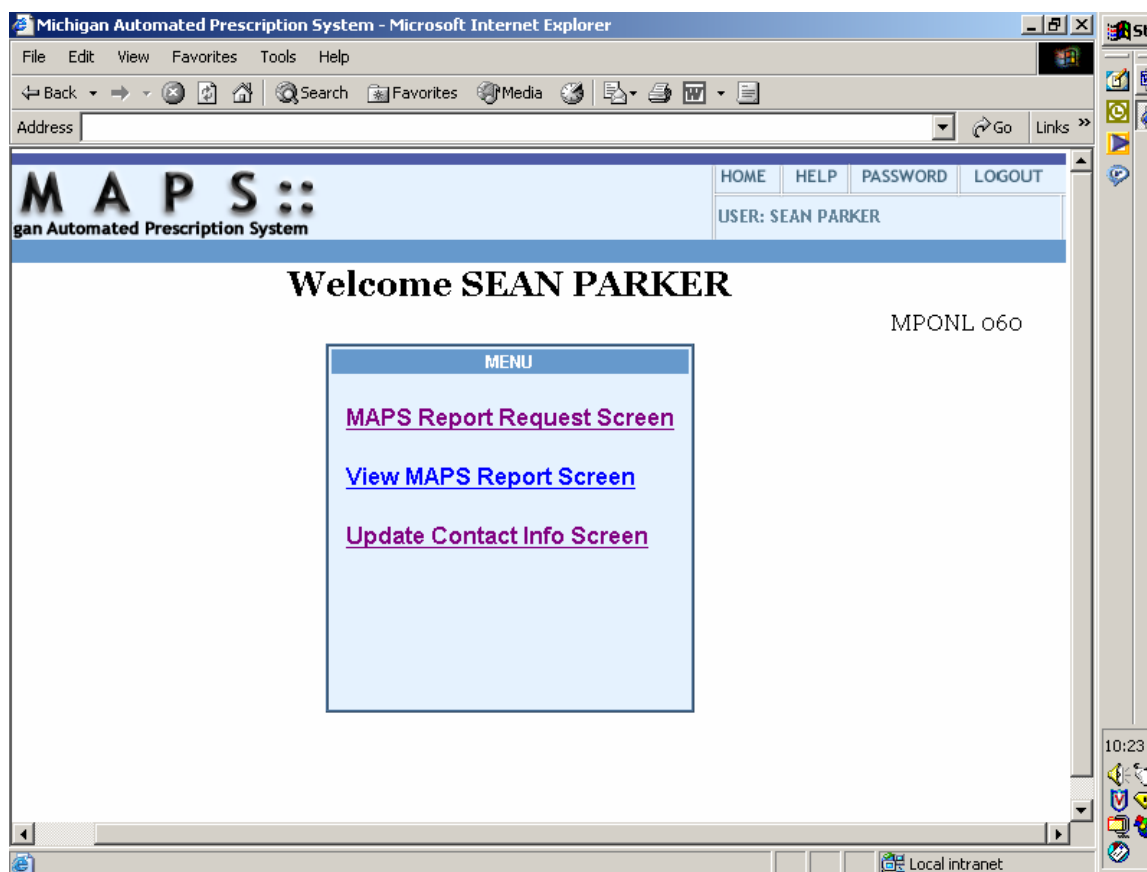
6   Account Maintenance

You can update your contact information in the MAPS Online program. ***Note: updating any information in this program will not update your license information with the Bureau of Health Professions. To update that information, go to*** http//www.michigan.gov/documents/cis_fhs_bhser_datachangeform_hld_003_59253_7.pdf.

6.1   Account Maintenance Screen

Login to the MAPS Online program as described in Section 3 of this guide.

From the Menu screen, select **Update Contact Info Screen**.

You will then be presented with the following screen:

Type over the displayed Phone Number, FAX and/or Email Address.

Click on **<u>submit</u>** to update this information in the MAPS database. **Remember – You need to make changes to your license information with the Bureau of Health Professions. Follow the link on the screen to do this.**